

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 106-a
Registered No. 28

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alejandrina Encinas

If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate yes 8. Date of birth Jan 31, 1913
(Month, day, year)

9. Full name Pedro V. Encinas FATHER

18. Full maiden name Rosario Verdugo MOTHER

10. Residence (usual place of abode) Magdalena, Son. Mexico
(If nonresident, give place and State)

19. Residence (usual place of abode) Magdalena, Son. Mex.
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 40 (Years)

20. Color or race Mex 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Magdalena, Son. Mex.
(State or country)

22. Birthplace (city or place) Mammoth, Ariz.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work July 29th, 1930

25. Date (month and year) last engaged in this work July 29th, 1930

17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ or weeks _____ 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 PM on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eng. R. R. R.
Householder

Given name added from a supplemental report _____ (Date of) _____

Address _____

152-131-95-6 Registrar.

Filed Sept 1, 1930 Registrar.